

**BEST AVAILABLE COPY**

**CLAIMS ONLY**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
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35							
36	X	X					
37	X	X					
38	X	X					
39	X	X					
40	X	X					
41	X	X					
42	X	X					
43	X	X					
44	X	X					
45	X	X					
46	X	X					
47	X	X					
48	X	X					
49							
50							
TOTAL IND.							
TOTAL DEP.	10		↓		↓		↓
TOTAL CLAIMS	10						

	*		*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.							
TOTAL DEP.			↓		↓		↓
TOTAL CLAIMS							

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS